

SERFF Tracking Number:	ASPX-125553548	State:	Arkansas
Filing Company:	American Reliable Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CM AR02940ARF01		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Blanket Mortgage Security (BLIP)		
Project Name/Number:	Blanket Mortgage Security (BLIP)/CM AR02940ARF01		

Filing at a Glance

Company: American Reliable Insurance Company

Product Name: Blanket Mortgage Security (BLIP) SERFF Tr Num: ASPX-125553548 State: Arkansas

TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: CM AR02940ARF01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: SPI AssurantPC	Disposition Date: 03/21/2008
	Date Submitted: 03/18/2008	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New): 04/30/2008
Effective Date Requested (Renewal): 04/30/2008		Effective Date (Renewal): 04/30/2008

State Filing Description:

General Information

Project Name: Blanket Mortgage Security (BLIP)

Project Number: CM AR02940ARF01

Reference Organization:

Reference Title:

Filing Status Changed: 03/21/2008

State Status Changed: 03/21/2008

Corresponding Filing Tracking Number:

Filing Description:

The above referenced program is approved in your state. At this time, we wish to file the following for your review and subsequent approval.

We wish to replace Terrorism Notice (N8076-0306) with the updated form attached (N8051-0108). The insurer name and policy number are bracketed and will be completed appropriately upon issuance.

<i>SERFF Tracking Number:</i>	<i>ASPX-125553548</i>	<i>State:</i>	<i>Arkansas</i>
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We would also like to add new form number AR9852EQQ-0308 to the program. This form provides the definition of a certified act of terrorism and explains coverage provided under the requirements of the Terrorism Risk Insurance Act.

We request an effective date of on or after April 30, 2008.

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please feel free to contact me at the numbers or email address shown below.

Company and Contact

Filing Contact Information

Debbie Flowers, Contract Compliance Analyst
 260 Interstate N. Circle NW (770) 463-1000 [Phone]
 Atlanta, GA 33039 (770) 859-4403[FAX]

Filing Company Information

American Reliable Insurance Company	CoCode: 19615	State of Domicile: Arizona
11222 Quail Roost Dr	Group Code: 19	Company Type:
Miami, FL 33157	Group Name: Assurant, Inc. Group	State ID Number:
(305) 253-2244 ext. [Phone]	FEIN Number: 41-0735002	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Reliable Insurance Company	\$50.00	03/18/2008	18750375

<i>SERFF Tracking Number:</i>	<i>ASPX-125553548</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/21/2008	03/21/2008

<i>SERFF Tracking Number:</i>	<i>ASPX-125553548</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Reliable Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>Project Name/Number:</i>	<i>Blanket Mortgage Security (BLIP)/CM AR02940ARF01</i>		

Disposition

Disposition Date: 03/21/2008

Effective Date (New): 04/30/2008

Effective Date (Renewal): 04/30/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ASPX-125553548	State:	Arkansas
Filing Company:	American Reliable Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CM AR02940ARF01		
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Product Name:	Blanket Mortgage Security (BLIP)		
Project Name/Number:	Blanket Mortgage Security (BLIP)/CM AR02940ARF01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Expedited Transmittal Form	Approved	Yes
Supporting Document	Certification of Compliance	Approved	Yes
Form	Certified Acts of Terrorism Coverage Cap on Certified Acts Losses	Approved	Yes
Form	Disclosure Notice-Applicant or Policyholder Pursuant To Terrorism Risk Insurance Act	Approved	Yes

SERFF Tracking Number: ASPX-125553548 State: Arkansas

Filing Company: American Reliable Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: CM AR02940ARF01

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Blanket Mortgage Security (BLIP)

Project Name/Number: Blanket Mortgage Security (BLIP)/CM AR02940ARF01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Certified Acts of Terrorism Coverage Cap on Certified Acts Losses	AR9852E QQ-	0308	Endorsement/Amendment/Conditions		0.00	AR9852EQQ-.PDF
Approved	Disclosure Notice-Applicant or Policyholder Pursuant To Terrorism Risk Insurance Act	N8051-	0108	Disclosure/ Replaced Notice	Replaced Form #: N8076- Previous Filing #:	0.00	N8051-.PDF

American Reliable Insurance Company

[A Stock Insurance Company]

[11222 Quail Roost Drive, Miami, FL 33157-6596•305. 253.2244]

BLANKET MORTGAGE SECURITY PROGRAM CERTIFIED ACTS OF TERRORISM COVERAGE AND CAP ON CERTIFIED ACTS LOSSES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Your policy covers certified acts of terrorism.

"Certified act of terrorism" - means an act that is certified by the Secretary of the Treasury, in accordance with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act.

The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is:
 - (a) Dangerous to human life, property or infrastructure; and
 - (b) Is committed by an individual or individuals as part of an effort to:
 - i. Coerce the civilian population of the United States; or
 - ii. To influence the policy or affect the conduct of the United States Government by coercion.

The United States Government, Department of Treasury, will pay a share of terrorism losses insured under the federal program. Under the formula the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by Us. However, if aggregate insured losses attributable to certified acts of terrorism exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury will not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year and We have met Our insurer deductible under the Terrorism Risk Insurance Act:

1. We shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion; and
2. Insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

This endorsement does not create coverage for any loss that would be otherwise excluded under the War or Nuclear exclusion in Your policy.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

DISCLOSURE NOTICE – APPLICANT OR POLICYHOLDER PURSUANT TO TERRORISM RISK INSURANCE ACT

Coverage for acts of terrorism is already included in your current policy or new/renewal premium quotation.

The premium that is attributable to coverage for acts of terrorism has been waived for the current policy term. Future premium charges for terrorism coverage, if any, will be made at the time of your next policy renewal.

You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury – in concurrence with the Secretary of State, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Under your coverage any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

If you should have any questions regarding this notice, please contact your independent insurance agent or insurance company.

[Insurer]

[Policy Number]

<i>SERFF Tracking Number:</i>	<i>ASPX-125553548</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 03/21/2008

Comments:

Attachments:

P&C Transmittal Document.PDF
Form Filing Schedule.PDF

Satisfied -Name: Expedited Transmittal Form **Review Status:** Approved 03/21/2008

Comments:

Expedited Transmittal Form

Attachment:

Expedited Transmittal Form.PDF

Satisfied -Name: Certification of Compliance **Review Status:** Approved 03/21/2008

Comments:

Certification of Compliance

Attachment:

Certification of Compliance.PDF

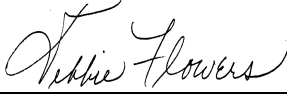
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only			
	a. Date the filing is received:			
	b. Analyst:			
	c. Disposition:			
	d. Date of disposition of the filing:			
	e. Effective date of filing:			
	New Business			
	Renewal Business			
	f. State Filing #:			
	g. SERFF Filing #:			
h. Subject Codes				

3. Group Name	Assurant, Inc. Group				Group NAIC #	0019
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
American Reliable Insurance Company	AZ	19615	41-0735002			

5. Company Tracking Number	CM AR02940ARF01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Debbie Flowers 260 Interstate N. Circle SE Atlanta GA 33039	Contract Compliance Analyst	770-763-1547	770-859-4296	Debbie.flowers@assurant.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Debbie Flowers		

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	09.0 Inland Marine			
10. Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]				
12. Company Program Title (Marketing Title)	Blanket Mortgage Security Program			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	On or After April 30, 2008	Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	March 17, 2008			
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	CM AR02940ARF01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

The above referenced program is approved in your state. At this time, we wish to file the following for your review and subsequent approval.

We wish to replace Terrorism Notice (N8076-0306) with the updated form attached (N8051-0108). The insurer name and policy number are bracketed and will be completed appropriately upon issuance.

We would also like to add new form number AR9852EQQ-0308 to the program. This form provides the definition of a certified act of terrorism and explains coverage provided under the requirements of the Terrorism Risk Insurance Act.

We request an effective date of on or after April 30, 2008.

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please feel free to contact me at the numbers or email address shown below.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 10px;"> Check #: N/A Amount: \$50.00 </div> <div style="margin-bottom: 10px;"> Filing Fees submitted via EFT </div> <div style="text-align: center; margin-top: 20px;"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CM AR02940ARF01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	CM AR02940ARR01
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Disclosure Notice- Applicant or Policyholder Pursuant to Terrorism Risk Insurance Act	N8051-0108	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N8076-0306	
02	Certified Acts of Terrorism Coverage and Cap on Certified Acts Losses Endorsement	AR9852EQQ-0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

EXPEDITED FILING TRANSMITTAL DOCUMENT FOR TERRORISM RISK INSURANCE FORMS AND PRICING

This page applies to the following state(s) AR

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
American Reliable Insurance Company	AZ	0019-19615	41-0735002

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Debbie Flowers - Contract Compliance Analyst 260 Interstate N. Circle SE Atlanta GA 33039	770-763-1547	770-859-4296	Debbie.flowers@assurant.com

Filing information

Line of Insurance (see attachment)	Commercial Inland Marine
Company Program Title (Marketing title) (if applicable)	Blanket Mortgage Security (BLIP)
Filing Type ** see note below	Form
This application is used with:	
Effective Date Requested	On or After April 30, 2008
Filing date	March 17, 2008
Company Tracking Number	CM AR02940ARF01
Date filing approved in domiciliary state, if applicable	Not Filed Yet

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Disclosure Notice – Applicant or Policyholder Pursuant To Terrorism Risk Insurance Act	N8051-0108	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	N8076-0306	
02	Certified Acts of Terrorism Coverage and Cap on Certified Acts Losses Endorsement	AR9852EQQ-0308	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☒ Is in compliance with the terms of the Terrorism Risk Insurance Act of 2002 and the laws of this state; and
- ☐ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Debbie Flowers
Print Name

Contract Compliance Analyst
Title

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Jacqueline Aguilar, Vice President of
(Name) (Title of Authorized Officer)

American Reliable Insurance Company
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- Arkansas Code Annotated;
- Arkansas Rules and Regulations;
- Arkansas Insurance Bulletins, Directives and Orders;
- Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? (Yes or No) ►

Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number ► CM AR02940ARE01

Signature of Authorized Officer ►

A handwritten signature in cursive script, appearing to read "Jacqueline Aguilar".

Name of Authorized Officer ► Jacqueline Aguilar

Title of Authorized Officer ► Assistant Vice President

Email address of Authorized Officer ► Jackie.aguilar@assurant.com

Telephone # of Authorized Officer ► 1-800-852-2244 ext 33100

Date ► March 17, 2008

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us